

Application Data Sheet**Application Information**

Application number:: Not Yet Assigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: System, Method And Apparatus For
Measuring Blood Flow And Blood
Volume
Attorney Docket Number:: 30811
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 16
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Hanan
Family Name::	Keren
City of Residence::	Kfar-Saba
Country of Residence::	Israel
Street of mailing address::	43 HaGalil Street
City of mailing address::	Kfar-Saba
Country of mailing address::	Israel
Postal or Zip Code of mailing address::	44235

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Avram
Middle Name::	B.
Family Name::	Simon
City of Residence::	London
Country of Residence::	United Kingdom
Street of mailing address::	11 Cenacle Close
City of mailing address::	London
Country of mailing address::	United Kingdom
Postal or Zip Code of mailing address::	NW3 7UE

Correspondence Information

Name:: Martin Moynihan
Street of mailing address:: PRTSI, Inc.
P.O. Box 16446
City of mailing address:: Arlington
State or Province of mailing address:: VA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 22215
Phone number:: (703) 598-7851
Fax Number:: (703) 415-4864

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	40,338	Martin Moynihan

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IL2004/000395	05/10/04
This application	An application claiming the benefit under 35 USC 119(e)	60/469,421	05/12/03

[This application has no foreign priority claims]

Assignee Information

Assignee name:: Cheetah Medical Inc.
Street of mailing address:: c/o Pepper Hamilton
1201 North Market Street, Suite 1600
P.O. Box 1709
City of mailing address:: Wilmington
State or Province of mailing address:: DE
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 19899-1709